

EXPLANATION OF BENEFITS

This is not a bill

GENERIC UNION TRADE
42 EAST WILLIAMS ST
METROPOLIS, IN 12335

If you have any questions, please write or call:
Plan Administrator 123-432-4343

JOHN C DOE
123 MAIN STREET
METROPOLIS IN 12345

Member: DOE, C JOHN
100594-00
Claim: 1266824-01
Date: 12/30/2009
Provider: LEY DDS, DONALD
GENERIC UNION
Policy: TRADE
Pay To: LEY DDS, DONALD

Type of Service	Date of Service From - Through	Charge Amount	Prov. Disc./ Not Allowed	Not Covered Amount	Considered Amount	#	Deductible	Copay Coinsurance	Total Patient Cost	Plan Liability
BASIC DENTAL CARE	12/15/2009 - 12/15/2009	\$383.00	\$0.00	\$0.00	\$383.00	01	\$0.00	(\$57.45)	\$57.45	\$325.55
BASIC DENTAL CARE	12/15/2009 - 12/15/2009	\$383.00	\$0.00	\$0.00	\$383.00	02	\$0.00	(\$57.45)	\$57.45	\$325.55
BASIC DENTAL CARE	12/15/2009 - 12/15/2009	\$383.00	\$0.00	\$0.00	\$383.00	03	\$0.00	(\$57.45)	\$57.45	\$325.55
BASIC DENTAL CARE	12/15/2009 - 12/15/2009	\$383.00	\$0.00	\$0.00	\$383.00	04	\$0.00	(\$57.45)	\$57.45	\$325.55
Totals		\$1,532.00	\$0.00	\$0.00	\$1,532.00		\$0.00	(\$229.80)	\$229.80	\$1,302.20

Payment has been made to	Remit #	Amount	Accumulations:
LEY DDS, DONALD	344162	\$1,302.20	01/01/2009 - 12/31/2009 \$1,755.95 of \$2,500.00 DENTAL MAXIMUM 01/01/2009 - 12/31/2009 \$75.00 of \$75.00 DENTAL DEDUCTIBLE

Messages:

Line #	Reason Codes	Reason Code Key
01	032, 102	032 This claim has been considered under the Dental Coverage as defined under the Summary Plan Description. APPEAL PROCEDURE If your claim has been denied in whole or in part (a denial includes the application of a co-pay or deductible amount), you may appeal by writing to the Board of Trustees; GENERIC UNION TRADE.
02	032, 102	
03	032, 102	
04	032, 102	
		102 This claim has been applied to the \$2,500 Dental calendar year maximum.

**CHECK OUT OUR NEW WEBSITE- ANNUAL CLAIM FORM CAN BE FILLED OUT ON LINE!!!!!!
REMEMBER TO CHECK WITH THE FUND OFFICE BEFORE HAVING OUTPATIENT PROCEDURES.**